

RECOMMENDATIONS APPEARING IN BOLDFACE WERE APPROVED BY THE COMMISSION ON YOUTH AT THEIR NOVEMBER 17, 2003 MEETING. To view presentations and original recommendations, clicking 2003 Meeting Materials.

<p style="text-align: center;">SJR 358 Dissemination of the Collection of Effective Treatment Modalities for Children and Adolescents</p>	
Findings/Conclusions	Recommendations
<p>The 2002 General Assembly, through SJR 99, directed the Virginia Commission on Youth to coordinate the collection and dissemination of evidence-based treatments and practices recognized as effective for the treatment of children, including juvenile offenders, with mental health treatment needs. <i>The Collection of Evidence-based Treatments</i> ("Collection") was published as <u>House Document 9</u> in late 2002.</p> <p>As attention to the issue of youth with mental disorders has increased, one of the most important advances is the development of evidence-based treatments for children with mental health disorders. These interventions have been shown, through controlled research, to result in improved outcomes.</p> <p>In Virginia, service providers, parents, and other child-serving professionals have embraced the "Collection" as a helpful resource. There is a strong desire by both service providers and purchasers to utilize treatments with proven outcomes supported by data. The "Collection" is a valuable resource in that it contains information on mental health treatments that are classified as evidence-based treatments. This is very useful, particularly since many in this field have not been made aware of these treatments and because both state and federal funding sources are requiring evidence-based treatments be employed in treatment design.</p> <p>The Commission, pursuant to SJR 358 (2003), is charged with disseminating, maintaining and biennially updating the "Collection". Providers, parents, juvenile justice officials and child welfare staff have requested that many new features be included in the next update of the "Collection".</p>	<p><u>Recommendation 1</u> Direct that the Commission on Youth, with assistance from the SJR 358 Advisory Group, update the "Collection on Evidence-based Treatments for Children and Adolescents with Mental Health Treatment Needs" based on feedback received. The Commission shall complete this work prior to the 2005 General Assembly Session.</p>

Childhood Obesity

Findings/Conclusions	Options
<p>As part of its 2003 study efforts, the Commission on Youth has completed a study of Childhood Obesity in Virginia. In the course of identifying potential methods for addressing the problem, Commission staff became familiar with the work of the Virginia Action for Healthy Kids, which functions under the aegis of Virginia Tech, Virginia Cooperative Extension. The Commission, at its September 3rd meeting, unanimously approved a study recommendation which reads as follows:</p> <p>Virginia Action for Healthy Kids, at the direction of Virginia Cooperative Extension, Virginia Tech, is requested to report to the Commission on Youth on the most effective and cost-efficient ways to prevent greater proliferation of overweight and obesity among the youth in Virginia by November 17, 2003.</p> <p>The recommendations presented to the Commission at its November 17 meeting are enumerated in the Virginia Action for Healthy Kids document, "Recommendations to the Virginia Commission on Youth for the Most Effective and Cost-efficient Ways to Prevent Greater Proliferation of Overweight and Obesity Among Virginia Youth."</p>	<p><u>Recommendation 1</u> Request the Department of Education to report on the feasibility of implementing the recommendations of the Virginia Action for Healthy Kids' approved by the Commission on Youth at its November 17, 2003 meeting as part of its study of Childhood Obesity in Virginia. The Department of Education will report to the Commission on Youth prior to the 2005 General Assembly Session.</p> <p>Based on Commission action on each of the VAHK recommendations, the following recommendations (as amended) will be sent to the Department of Education for evaluation. <i>The numbers shown correspond to the original VAHK recommendations.</i></p> <ol style="list-style-type: none"> 1. Revise the Board of Education's regulations as approved by the Board of Health for health and physical education in public school curriculum, to be in compliance with Section 22.1-207 to: <ul style="list-style-type: none"> - Require K-10 instruction in health and physical education to be delivered by a qualified, endorsed health and physical education teacher - Require annual fitness report cards for each student, including information on abdominal and upper body strength, aerobic activity, flexibility, and height and weight and body mass index-for-age (BMI) calculations, to be sent home to parents during standard testing times (fall, spring) - Require Standards of Learning testing for elementary, middle, and high school students by July 1, 2007 2. Establish a team to investigate the feasibility of implementing agricultural programs in schools, <i>within the current Standards of Learning framework</i>, such as the USDA-funded Farm-to-School program and school gardening programs. 5. Modify the Standards of Accreditation to require a minimum of 30 minutes of daily recess during the regular school year for elementary school students, not to include physical education requirements. Recess is not to be taken away for remediation or disciplinary action 8. Modify the Standards of Accreditation to require health and physical education instruction in 8th grade. 10. Require schools to provide at least 20 minutes to eat lunch, once seated, and schedule lunch periods at reasonable hours around midday (11:00–1:00). 11. Require that every newly built elementary school have gyms and have ample safe space for outdoor recess and recreation. <p><u>Recommendation 2</u> Request the Department of Health to report on the feasibility of implementing Virginia Action for Healthy Kids' Recommendation 12 approved by the Commission on Youth as part of its study of Childhood Obesity in Virginia. The Department of Health will report to the Commission on Youth prior to the 2005 General Assembly Session.</p>

Foster Care in Virginia

Findings/Conclusions

Shortage of Family Foster Parents in Virginia

Both nationwide and in Virginia, there is not only a shortage in the overall number of foster families, but also in foster families with the characteristics and willingness to parent children with certain conditions or needs. Additionally, the Commonwealth has fewer than 5,000 foster family homes (non-relative) for more than 7,900 children each year who need temporary placement. (This does not include emergency or relative homes.) The average stay for children in Virginia foster care is 36 months.

Benefits to Virginia's Children of Title IV-E

Title IV-E eligibility enables localities to receive full reimbursement for the costs of foster care maintenance for eligible and reimbursable children. Maintenance costs paid by localities on behalf of IV-E children are reimbursed from state and federal funds, with each paying approximately one-half of costs incurred. In contrast, localities must pay an average of 35% of the cost of foster care maintenance for children who have not been found eligible for Title IV-E.

Concurrent Planning in Foster Care

Concurrent planning is a process used by child welfare staff to efficiently and seamlessly resolve child placement issues. The objectives of concurrent planning are to achieve early permanency for children while decreasing the child's length of stay in foster care. It also seeks to reduce the number of moves and relationship disruptions children experience in foster care.

Reimbursement of Foster Families

Focus groups members from the three localities that participated in the Child and Family Services Federal Review identified the low rate of pay for foster parents as a disincentive to becoming and remaining a foster parent. On average, 60% of the participants indicated the need to spend their own money to pay for basic living expenses. However, child placing agencies pay considerably more than the base rate established for

Recommendations

Recommendation 1

Request the Department of Social Services and the Office of Comprehensive Services to present information to the Commission on Youth on potential ways to address the problem of the shortage for family foster parents in Virginia. Both systemic and financial barriers impacting recruitment and retention of foster families shall be addressed in this study as well as best-practices for utilizing CSA funds to reduce institutional placements. The Department shall report its findings to the Commission on Youth prior to the 2005 General Assembly Session.

Recommendation 2

Request the Department Of Social Services and the Office of Comprehensive Services to continue all efforts to extensively access Title IV-E funding as well as other applicable federal funds for foster care youth. Such methods may include coordination of agency policies, negotiation of interagency agreements, unbundling of services on claims and integration of data collection and reporting procedures. The Department of Social Services and the Office of Comprehensive Services shall report and present information on these efforts to the Commission on Youth prior to the 2005 General Assembly Session.

Recommendation 3

Request the Department of Social Services and the Office of Comprehensive Services to compile a work plan to implement statewide concurrent planning as a mechanism to transition children from foster care into permanent placements. The Department of Social Services shall present information on these efforts to the Commission on Youth prior to the 2005 General Assembly Session. The work plan shall address necessary regulatory and policy changes, data-sharing and training issues. The Department shall report its activities and findings to the Commission on Youth prior to the 2005 General Assembly Session.

Recommendations 4, 5 and 6 were amended to specify that the adopted recommendations specify that letters shall be sent to the Chairmen of House Appropriations and Senate Finance from the Commission with relevant attachments. The letters shall express the Commission's support for Recommendations 4, 5 and 6 and ask the Committees to consider them with their budget deliberations.

Recommendation 4

Request a budget amendment to increase to reflect the intent of the General Assembly that the maintenance rates paid to foster families be adjusted annually consistent with changes in the

Foster Care in Virginia

Findings/Conclusions

local department of social services' homes. As a result, many foster parents choose to affiliate themselves with these agencies rather than the local departments. As more foster care is provided by child placing agencies, more state and local funds are spent to reimburse the expenditures of these agencies because Title IV-E cannot be used for all of these expenses. At present, no statistics are available to verify the assumed increase in child placing agency foster care homes but every indication from local agencies is that more and more foster families are choosing to contract with these private agencies than local departments.

Additionally, the low annual allowance amount paid to foster families to cover clothing expenses is also seen as a barrier to recruitment. The amount is usually insufficient, particularly for older children and adolescents. Moreover, this amount frequently starts off a child's wardrobe nearly from scratch.

Flexible Special Needs Payments to Foster Families

A significant number of foster parents do not remain foster parents once they are offered therapeutic foster care status by therapeutic foster care agencies (@\$436 per month v. @\$1,100 per month per child). Children are placed in therapeutic foster care because they require some additional services or supports. However, they may not require the high level of case management or supervision that is offered by therapeutic foster care.

Flexible special needs payments could provide a means of increasing reimbursement for families managing more difficult to care for children but who do not need the higher level of care offered in therapeutic foster care. Such an approach would enable these families to care for the child appropriately without moving the child to another placement or sending the child to an even more expensive placement. Such a special needs payment could offer localities flexibility and enable them to cut down on more costly placements such as residential care. Such an approach would reward families that are successful with providing care to more difficult children

Recommendations

Consumer Price Index.

Recommendation 5

Request a budget amendment to fund an increase in foster care maintenance rates paid so to make them equivalent to the national average.

The rates vary by age grouping and would be increased as follows: from \$294 to \$387 for ages 0-4; from \$344 to \$404 for ages 5-12 years of age; and from \$436 to \$462 for age 13+.

Recommendation 6

Request a budget amendment to fund an increase in the clothing allowance from \$300 to \$440 (the national average amount spent for a 9-11 year old by a family making less than \$39,700 per year).

Recommendation 7

Request the Department of Social Services and the Office of Comprehensive Services to evaluate the feasibility of utilizing special needs payments as a means of increasing reimbursement for families managing more difficult children who do not require the additional case management or services set forth in therapeutic foster care. The evaluation should address therapeutic foster care placements, reimbursements for such placements and offer recommendations to ensure the appropriate use of these placements. Additionally, the evaluation shall address tax credits to foster families including an adoption tax credit for foster families who adopt children under their care shall also be examined. The Department shall report its findings and activities to the Commission on Youth prior to the 2005 General Assembly Session.

Foster Care in Virginia

Findings/Conclusions

and reduce the number of placements per child.

Recruitment and Retention of Foster Families

Several states received the highest rating (4 out of 4) on the "recruiting and retaining" dimension of the Child and Family Services Review. They are Alabama, Arizona, Michigan, Minnesota, Montana, New Mexico, Oklahoma, Oregon and Pennsylvania. Increasingly, states are partnering with communities and with businesses to implement specific recruitment strategies and partnerships. Recruitment plans are being designed to attract families with the skills to provide quality foster care.

Recommendations

Recommendation 8

Request the Department of Social Services to further investigate public-private partnerships for recruiting and retaining foster families in the Commonwealth. Such efforts may include collaboration to improve the service array offered to foster families as well as training and other forms of assistance. *The Department shall report its findings and activities prior to the Commission on Youth prior to the 2005 General Assembly Session.*

Strengthening Families in Virginia

Findings/Conclusions	Options
<p>The Commission on Youth is completing preliminary work on a two-year study initiative on strengthening families. Current activities include assessing and identifying elements that strengthen families; analyzing measures other states are taking, as well as various federal initiatives to strengthen families; and determining strategies to strengthen family service systems. More intense study activities will occur during the second year including analysis of preliminary findings and the formulation of recommendations for the Commission on specific policy options that strengthen families.</p> <p>All issues will be evaluated by systemic and economic impacts.</p> <p>Issues identified to date as central to the study include:</p> <ul style="list-style-type: none"> • Marriage/Divorce • Non-Marital births • Single parent families • Fatherless families • Incarcerated parents • Welfare reform and impact upon the family • Child support enforcement • Increase of high-risk behaviors by youth <p>Preliminary findings indicate that one of the best ways to help individuals, children and adults is to focus on their families. Families carry out a variety of functions critically important to society. They share resources, economically support their members, and care for the elderly, the sick, and the disabled in ways that no other institution can do or do as well. In recent surveys, the family emerges as the central element in the lives of most Americans.</p>	<p><u>Recommendation 1</u></p> <p>The Virginia Commission on Youth shall convene a Task Force of experts to address the programs, partnerships, and practices that can best serve to strengthen Virginia's families. Topics to be explored shall include positive youth development, continued reduction of out-of-wedlock births, marriage, education, strengthening two-parent families, positive parenting/strengthening fatherhood, motherhood and collaboration with community and faith-based organizations. The activities and findings shall be reported to the Commission prior to the 2005 General Assembly Session.</p>

Treatment Options for Offenders with Mental Illness or Substance Abuse Disorders

Findings/Conclusions	Options
<p>The Commission on Youth, pursuant to SJR 97 (2002), has continued efforts, with the Joint Commission on Behavioral Health Care, on the <i>Study of Treatment Options for Offenders with Mental Health and Substance Abuse Disorders</i>, particularly with juvenile offenders. The Commission on Youth has worked closely with the juvenile offender interagency work group; formulated pertinent recommendations; and conducted further research regarding diversion programs for juveniles with mental illness and substance abuse disorders with the goal of redirecting juveniles into appropriate mental health and substance abuse treatment programs and away from the criminal justice system.</p> <p>Research conducted in recent years has shown that youth involved with the juvenile justice system have higher mental health needs than those in the general population, similar to other high-risk youth populations. Systemic barriers that may encourage "criminalization" of youth with mental disorders must be evaluated. Removing these barriers may ultimately save money for the Commonwealth. Other study findings reveal that recidivism rates are 25% lower than for delinquent juvenile who receive structured treatment versus control groups that did not receive treatment. Successful mental health programs for juveniles may also reduce rates of re-offense by as much as 80% (National Coalition for Juvenile Justice, 2000).</p> <p>Several issues emerged as crucial during the course of the study including accountings of problems clinicians face in locating available beds in acute care facilities for children and adolescents. Such can result in significant delay in hospitalizing youth that are a danger to themselves or others by reasons of mental illness. Because of several factors involved with the Emergency Commitment Order/Temporary Detention Order (ECO/TDO) process, using that process to get kids into inpatient treatment has become an extraordinarily time-consuming, tedious process. This involves a search for available beds for the youth which may take several hours and impacts the youth, as well law enforcement officers responsible for transporting and supervising these youth.</p>	<p><u>Recommendation 1</u> By letter, request that Joint Commission on Health Care continue their study efforts to include the needs of the juvenile offender population with mental health and substance abuse disorders.</p> <p>The Commission on Youth is committed to continue working with the Joint Commission on Health Care in this effort, as well as promoting utilization of evidence-based mental health treatments for youth and implementing a web-based tracking system for inpatient psychiatric beds for youth.</p>

